

New York State Nursing Home Administrator Continuing Education Credit Report from 2006 to 2007

(Refer to Nursing Home Administrator Continuing Education Program Guidelines for requirements and instructions for use.)

Submit this report to the Board of Examiners of Nursing Home Administrators ONLY when submitting a completed application for registration renewal or reactivation of your license to document fulfillment of your Continuing Education (CE) requirement. Use as many sheets as needed to report **approved** CE programming you attended to meet the minimum forty-eight (48) CE credit hour requirement. You must sign the certification at the bottom of **each** Report page used for your application. **Incomplete Reports cannot be processed.**

Please Type or Print Legibly

1 Title of CE Program or Activity	3 Home Study/ Internal Corp. Y/N	4 Program Date(s)	6 Approval #	8 Approved CE Hours Attended
2 Name of CE Program Sponsor		5 City/State	7 Approving Entity	
1	3	4	6	8
2		5	7	
1	3	4	6	8
2		5	7	
1	3	4	6	8
2		5	7	
1	3	4	6	8
2		5	7	
1	3	4	6	8
2		5	7	
Total CE Credit Hours Listed on This Page				
Plus Total CE Credit Hours from Additional Pages				
Equal Total CE Credit Hours Reported				

CERTIFICATION: I, the undersigned, certify that I have attended the programs or completed the activities reported herein for the number of clock hours stated. I am reporting this information to the Board of Examiners of Nursing Home Administrators integral to making application for renewal or reactivation of my Nursing Home Administrator license. I understand that this information is subject to verification, and that willfully making a false statement in submitting such application is a misdemeanor punishable by law (Public Health Law Section 2897-b.1.(d)).

Licensee's Signature	Date
Licensee's Name (Print)	NYS NHA License Number 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Page 1 of <input type="text"/> Attached	

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1	2	3	4	5	6	7	8
Title of CE Program or Activity		Home Study/ Internal Corp. Y/N	Program Date(s)	City/State	Approval #	Approving Entity	Approved CE Hours Attended
1		3	4		6		8
2			5		7		
1		3	4		6		8
2			5		7		
1		3	4		6		8
2			5		7		
1		3	4		6		8
2			5		7		
1		3	4		6		8
2			5		7		
1		3	4		6		8
2			5		7		
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Total CE Credit Hours Listed on This Page							

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Licensee's Signature	Date
Licensee's Name (Print)	NYS NHA License Number 0
COPY THIS PAGE AS NEEDED	
Page 1 of 1 Attached	